

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

42952

1. PLACE OF DEATH

County _____

Registration District No. _____

Township _____

Primary Registration District No. _____

City _____

(No. _____)

File No. _____

Registered No. _____

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode)

St. _____

Ward. _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds.

How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *widowed*

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 5-1895*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
36 8 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housework*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *1398*
10. Date deceased last worked at this occupation (month and year) *1390*
11. Total time (years) spent in this occupation *931*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

13. NAME *Rev. Jackson*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

15. MAIDEN NAME *Emma Camden*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

17. INFORMANT (ADDRESS) *City Hospital*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Memorial Park* DATE *1-2-*

19. UNDERTAKER (ADDRESS) *M. Laughlin*

20. FILED *DEC 31 1931*

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 130th 1931*

22. I HEREBY CERTIFY, That I attended deceased from *Dec. 18th 1931* to *Dec 30th 1931*

I last saw her alive on *Dec 30th 1931* Death is said

to have occurred on the date stated above, at *11:15 a.m.*

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute myocarditis
Ap. pulse fibrillation
Operation for Salpingitis T. type
Other contributory causes of importance: *Unknown*
Pelvic abscess Multiple
(post-operative "Pan hysteromy")
acute unknown

Name of operation *Clamnet* Date of *12-26-31*

What test confirmed diagnosis? *✓* Was there an autopsy? *✓*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) _____

(Address) _____

M. D.

City Hospital

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

at 100 SMA
at 100 SMA

od 100 SMA
at 100 SMA

2000

117
1000 1000

1000 1000

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. 791
Primary Registration District No. 1003

File No.....
Registered No. 2879
St..... Ward.....

2. FULL NAME

Elsie Price

(a) Residence, No..... St..... Ward.....
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female*
4. COLOR OR RACE *W*
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *wid*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year).....
11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE..... DATE....., 19.....

19. UNDERTAKER (ADDRESS)

20. FILED....., 19..... May 20 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/30 1931

22. I HEREBY CERTIFY, That I attended deceased from..... to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Acute Myocarditis
Adhesive Pericarditis
Operation for Salpingitis type
It was not Puerperal Chlamydia
When over Phone by Dr. J. Macintosh
Dr. of N. S.
Gelvic Abscess multiple
Post-operative Ovarian infection
Cause unknown

Name of operation..... Date of.....

What test confirmed diagnosis..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, homicide..... Date of injury....., 19.....

Where did injury occur..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) J. Macintosh, M. D.

(Address).....

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SUPPLEMENTARY

stated EXACTLY. PHYSICIAN's statement of OCCUPATION is not LAW
item of information should be carefully supplied.
EARTH in plain terms, so that it may be properly classed
SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL

S-42952